

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1377438.06
------------

dwilliams ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:

07/01/2024

Date

Assistant Secretary

Title

Division of Business P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Filings		ate of Authority Business Entity)		7/9/2024 2:57 PM Fee Receipt: \$90.00	
Pursuant to the provis and, for that purpose,	ions of KRS 14A – 030 the unde submits the following statements	rsigned hereby a	applies for authority to transact but	siness in Kentuc	ky on behalf of the entity name	d below
1. The entity is a:	profit corporation	nonp	profit corporation	professional limited liability company		
	business trust	× limite	imited liability company statutory t			
	limited partnership	Itd co	ooperative association	public ben	efit corporation	
	non-profit IIc	profe	essional service corporation	other		
2. The name of the e	ntity is Cone Louisville LLC					
	(The name must be	identical to the	name on record with the Secre	tary of State.)		
	ntity to be used in Kentucky is (if	(0	Only provide if "real name" is un	available for us	se; otherwise, leave blank.)	·
4. The state or count	ry under whose law the entity is o	rganized is Dela	and the period of duration	is		
5. The date of organiz	ation is June 27, 2024		and the period of duration	lf left blank, du	ration is considered perpetua	ul.)
	ss of the entity's principal office is		Dallas	Texas	75254	
14185 Dallas Pkw	y #850		City	State	Zip Code	· · ·
	s of the entity's registered office ir	n Kentucky is	Frankfort	KY	40601	
306 W. Main Street Street Address (No	P.O. Box Numbers)		City		State Zip Code	
	registered agent at that office is _	C T Corporatio	on System			
8. The names and be	usiness addresses of the entity's	representatives	(secretary, officers and directors, r			
Daniel Beltzman		s Pkwy #850	Dallas	Texas	75254 Zip Code	
Name	Street or P.C	. Box	City	State	Zip code	
Name	Street or P.C	). Box	City	State	Zip Code	
Name	Street or P.C	). Box	City	State	Zip Code	
and treasurer are lice statement of purpose	ensed in one or more states or ter es of the corporation.	ritories of the Ur	not less than one half (1/2) of the nited States or District of Columbia			ecretary le
10. I certify that, as o	of the date of filing this application	, the above-nam	ned entity validly exists under the la	aws of the jurisdi	iction of its formation.	
11. If a limited partne	ership, it elects to be a limited liab	ility limited partr	ership. Check the box if applicab	le:		
12. If a limited liabil	ity company, check box if mana	ger-managed:				
13. This application	will be effective upon filing.					
Daniel Belt	sman		Daniel Beltzman		07/01/2024	
Signateneed	,		Printed Name & Title		Date	
C T Corporatio	n System		, consent to serve as the regis	stered agent on b	behalf of the business entity.	

Kathryn A. Widdoes

Printed Name

I, C T Corporation System Type/Print Name of Registered Agent

	V. i h i i
D	Father A. ahllow
By:	Funny mindle

Signature of Registered Agent